This Page Is Inserted by IFW Operations and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHÓTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.

PTO/SB/01 (08-03) Approved for use through 07/31/2008, OMB 0551-0032 U.S. Palant and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Altorney Docket Number ID-399 (80211) **DECLARATION FOR UTILITY OR** First Named Inventor Darrell Reginald MAY DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number NOT YET ASSIGNED Filing Date HEREWITH Declaration Declaration Submitted Submitted after Initiat Art Unit With Initial Filing (aurcharge (37 CFR 1.18 (e)) Filina Examiner Name (beriuper I hereby declare that: Each Inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COMMUNICATIONS SYSTEM PROVIDING TEXT-TO-SPEECH MESSAGE CONVERSION FEATURES USING AUDIO FILTER PARAMETERS AND RELATED METHODS (Title of the Invention) the specification of which V is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Prior Foreign Application Foreign Filing Date Priority Country <u>(Μϻʹʹ</u>ΙΟΟΛΥΥΥΛ Number(s) **Not Claimed**

(Page 1 of 2)

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to fits (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ø006/008

PTO/S8/01 (06-03)
Approved for use through 07/31/2003, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

				_					
Direct all correspondence to:	Custome	er Number:	2	7975		OR		Corres	pondence address below
Name									
Address	 -								
City				State					ZIP
,				0.0.0					
Country		Telephone)			Fax			<u></u>
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	e true; and fur de are punishal	ther that th ble by fine (nese stat or impriso	ement onmen	s wer t, or b	re madi ooth, un	e with t der 18 l	the kno	owledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	has b	een file	d for thi	s unsla	ned inventor
Given Name (first end middle [if any])				<u> </u>	ition has been filed for this unsigned inventor Family Name or Surname MAY				
Inventor's Signature and	Q00	2							Date Feb 27,2004
Residence: City	State			Cour	itry			Citize	nship
Waterloo	Ontario			Canad	la			Canadia	ווב
Mailing Address 453 Lake Louise 8lvd									
City	State		•		ZIP				Country
Waterloo	Ontario				N2V	2K6			Canada
NAME OF SECOND INVENTO	R:				A	petition	has bee	n filed I	for this unsigned inventor
Given Name (first and middle [if any]) Alain F.	\bigcirc	0				amily N or Suma		SNE	
Inventor's Signature	L./		e						Mar 1/09.
Residence: City	State			Cour	lry			Citize	nship
Cambridge	Ontario			Canad	ia			Canadi	an
Mailing Address 88 Holbrook Cr.									
City	State				ZIP			Count	try
Cambridge	Ontario				N1T 1	V7		Canada	B
Additional inventors or a legal re-	presentative are bei	ing named on l	ihcs	uppleme	nte leini	nesi(s) PT	O/SB/02A	or O2LR	attached hereio.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I here	by appoint:					
سا	Practitioners associated with the Customer Number:	27,97	5			
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
	Name		Registration	Number		
			·			
		,				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Assignee Name and Address:						
Research In Motion Limited 295 Phillip Street						
Waterloo, Ontario, Canada N2L 3W8						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Name Signat	Mitrar Lazaridis	· · · · · · · · · · · · · · · · · · ·	Date	F 121 7		
	MM			5 Feb 2004		
Title	President & Co-CEO		Telephone	519-888-7465		

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process, an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

02/26/2004 THU 17:45 FAX 519 888 7349 RESEARCH IN MOTION

Ø 002/003

		u C Hoton and T	PTO/SB/81 (09-03) Approved for use through 11/30/2005. OMB 0651-0035				
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM CORRESPONDENCE ADDRESS INDICATION FORM The state of the control	Under the Paperwork Reduction Act of 1895, no persons are re-	iquired to respond to a collection of into	ademark Office; U.S. DEPARTMENT OF COMMERCE				
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS (INDICATION FORM) Filing Date HEREWITH Date Registration Date Registration Part Registration Part		Application Number					
Ard Unit Examiner Name COMMUNICATIONS SYSTEM Ard Unit Examiner Name ID-399 (80211) Thereby appoint: Practitionar(s) named below: Practitionar(s) named below: Name Registration Number ID-399 (80211) Practitionar(s) named below: Practitionar(s) named below: Name Registration Number ID-399 (80211) Name Registration Number ID-399 (80211) Practitionar(s) named below: Name Registration Number ID-399 (80211) Name Registration Number ID-399 (80211) Practitionar(s) named below: Name Registration Number ID-399 (80211) Name Registration Number ID-399 (80211) Practitionar(s) named below: Name Registration Number ID-399 (80211) Practitionar(s) named below: Name Registration Number ID-399 (80211) Practitionar(s) named below: Practitionar(s) named below: Name Registration Number ID-399 (80211) Practitionar(s) named below: Practitionar(s) named in the United States Patent and Interest of the Number of Patent Interest of Record Interest of the Interest of Record Interest of the Interest of the Interest of States Interest of States Interest	POWER OF ATTORNEY	Filing Date					
CORRESPONDENCE ADDRESS INDICATION FORM THE ATUNIT Examiner Name Attorney Decket Number (D-399 (80211) Thereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address		First Named Inventor					
Inereby appoint: Practitioners associated with the Customar Number: Practitionar(s) named below: Name Registration Number Name Name Registration Number Name Name Registration Number Name Name Registration Number Name Name Name Registration Number Name Name Registration Number Name Natives associated with Customer Number: OR The address associated with Customer Number: OR The address associated with Customer Number: OR Signature Name Name Name Name Signature Signature of record of the entire interest, See 37 CFR 3.71. Signature Name Name Name Name Darrell Reginald MAY Signature Name Name Name Darrell Reginald MAY Signature Name Name Name Name Darrell Reginald MAY Signature Name Telephone Signature Telephone Signature required, see below.		Title					
Attorney Docket Number ID-390 (80211) Thereby appoint:		Art Unit	O MANUTAL TO THE CASE OF THE C				
Attorney Docket Number ID-390 (80211) Thereby appoint: Practitioners associated with the Customer Number: 27975 OR	INDICATION FORM	Examiner Name					
Practitioners associated with the Customer Number: 27875		Attorney Docket Number	ID-399 (80211)				
Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number Registration Number Registration Number Name Registration Number Registration Num			10 000 (000.1)				
Practitionar(s) named below: Name	I hereby appoint:						
Practitionar(s) named below: Name	Practitioners associated with the Customer Number:	27975					
Name Name Registration Number	OR						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence addraws for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or individual Name Address Applicantly Telephone Fax I am the: ApplicantlyInventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96) SIGNATURE of Applicant or Assignee of Record Name Dete Dete Pub 25 204 Telephone 5/9 70/6 3352 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Applicant in a the inventors or assignees of locerd of the entire interest or their representative(s) are required. Submit multiple	Practitioner(s) named below:						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or individual Name Address Address City Country Telephone I am the: Applicant/Invantor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/Sk/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple ADDRES Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Name		Registration Number				
Please recognize of change the correspondence address for the above-Identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Dete Dete Dete Dete Dete Dete Dete Dete Dete Telephone Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Amortic Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			/eBigliation Mainbel				
Please recognize of change the correspondence address for the above-Identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Dete Dete Dete Dete Dete Dete Dete Dete Dete Telephone Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Amortic Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Please recognize of change the correspondence address for the above-Identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Dete Dete Dete Dete Dete Dete Dete Dete Dete Telephone Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Amortic Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Please recognize of change the correspondence address for the above-Identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Dete Dete Dete Dete Dete Dete Dete Dete Dete Telephone Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple Amortic Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Please recognize of change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date D							
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City Country Telephone Applicant/Inventor. Assignee of racord of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Date Telephone 5/9 74/6 33.52 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of racord of the entire interest. See 37 CFR 9.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Out Telephone Telephone Telephone Telephone Telephone Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Diance recognize or choose the correspondence address forth		*************************************				
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address Address Address City Country Telephone Fax I am tha: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Out 1 Telephone 5/9 19/6 3353 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	أموا		:				
The address associated with Customer Number: OR Firm or Individual Name Address Address City Country Telephone Fax I am tha: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Out	The address associated with the above-mentioned C	Justomer Number:					
The address associated with Customer Number: OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Date Date Telephone Telephone 5/9 74/6 3352 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date To Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/SB/96) Telephone 5/9 74/6 3352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date To Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/SB/96) Telephone 5/9 74/6 3352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The address associated with Customer Number:	I					
Firm or Individual Name Address Address City Country Telephone Fax I am tha: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Telephone Telephone 5/9 74/6 2352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	THE ACCUSE OF SECTION AND ACCUSED AND ACCU						
Individual Name Address Address City Country Telephone Fax I am tha: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclased. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Date Date Date Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Date Telephone 5/9 74/6 3352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Individual Name						
Country Telephone Telephone Telephone Telephone Applicant/Inventor. Assignee of racord of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Telephone Telephone 5/9 24/6 3352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Country Telephone Fax I am tha: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Telephone 5/9 74/6 3:352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Telephone I am tha: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Telephone 5/9 74/6 3352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		State	Zip				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Form Signature Telephone 5/9 19/6 3352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	·						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Form 25th 2004 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		Fax					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Form 25 th 2004 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		,					
SIGNATURE of Applicant or Assignee of Record Name Darrell Reginald MAY Signature Date Telephone 519 746 3352 NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Assignee of record of the entire interest. See 37 CFR 3.71						
Signature Dete D	SIGNATURE of A		d				
NOTE: Signatures of all the Inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Daile Reginald WA						
NOTE: Signatures of all the Inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	- January - Cal						
NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Jate F-6 251 204 Telephone 519 7416 225 7						
	NOTE: Signatures of all the Inventors or assignees of record of the entire forms if more than one signature is required, see below.	e interest or their representativo(s) are					
*Total of 3 forms are submitted	*Total of 3 forms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

		PFE/SB/81 (09-03)		
	II S. Balani noci Tra	Inproved for use through 11/20/2005 Own and happy		
Under the Panerwark Reclustion Act of 1986, no persons are re-	Application Number	mailen uniger a displays a valid CMB control number:		
DOWED OF ATTORNEY	Filing Date	MEDERITH .		
POWER OF ATTORNEY	First Named Inventor	Dorrell Reginal/ MAY		
and	Title	COMMUNICATIONS SYSTEM		
CORRESPONDENCE ADDRESS	Art Unit	- Commercial Control of Chi		
INDICATION FORM	Examiner Name			
	Attorney Docket Number	ID-399 (A0211)		
Phereby appoint.				
Proofilioners associated with the Country Number:	. 27075.			
urk /				
Practitioner(s) named below:				
Name	1 0	egistration Number		
750-110		Egistration Nomber		
as my/our attornay(a) or agent(s) to prosecute the application	identified above, and to transact a	business in the United States Patent and		
Tradamadi Office competed filerentifi.		7,0,00 / 1,0,00		
Please recognize or change the correspondence address for t	he above identified application to			
اقدا				
The address essential with the entry in minimum of C	itelane kumbar	•		
OR I				
<u> </u>		į		
The address associated with Customer Number.		į		
. ♦		· ·		
Firm or				
Address				
Address .				
Criv	Siato	1 Zp 1.		
Country.		1 - 4		
Telephone	fax			
lea:.				
Applicant/hygnite.				
Assumes of the colin of the entire interest. See 37 CFR 3.73				
Statument under 37 CFR 2,75(b) is arribused; (Form)	PTO/SS/96)	<u></u>		
GIGGIATURE of Applicant or Assignee of Record				

This potention of information is required by 37 OFR 1.31 and 1.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to procees) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37. CFR 1.14. This collection is estimated to take 3 minutes to complete, including grindering, preparing, and submitting the completed appreciation form to the USPTO. Time will very uppending upon the individual case. Any comments on the amount of time you require to complete this form cadder suppositions for radicing maximum, Stand be sent to the United information Critical U.S. Parini, and frademark Office, U.S. Department of Commence P.O. Ray 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TQ: Commissioner for Fatoma, P.O. Box 1450, Alexandria, VA. 22313-1450.

NOTF: Signatures of ad the inventors of assignage of record of the units interest as their representative(-) are required. Sworm mysters

If you need assistance in completing the form, call 1-800-PTO-9199 and solvet option 2.

Name

Signalure

*Total of 3

Alatn R. GARINE

torms if more than one signature is required, see below.

forms are submitted

Telephone